2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

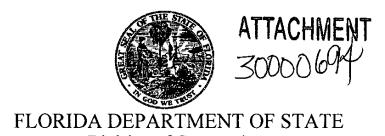
SIGNATURE:

Feb 20, 2006 8:00 am **Secretary of State DOCUMENT #L05000082643** 01-23-2006 90134 007 ****50.00 1. Entity Name IBUSA FL, LLC Principal Place of Business Mailing Address **ე**սսν» -5000 S.E. 39TH COURT 5000 S.E. 39TH COURT OCALA, FL 34480 OCALA, FL 34480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152006 CR2E083 (11/05) Chg-LLC 2 03539923 Applied For Not Applicable City & State City & State 4. FEI Number Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AJUFO, SYLVESTER C Street Address (P.O. Box Number is Not Acceptable) 5000 S.E. 39TH COURT OCALA, FL 34480 City Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pyrited, no Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. JITLE TITLE ☐ Change ☐ Addition SYLVESTER AJUFO HAME NAME 5000 SE 39th COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CffY-SI-ZP TITLE Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP tme TIDE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detec TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the Information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MIRER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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Division of Corporations

January 30, 2006

IBUSA FL, LLC 5000 S.E. 39TH COURT OCALA, FL 34480

Subject: IBUSA FL, LLC

Reference Number:

L05000082643

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION